Republic of the Philippines

SOCIAL SECURITY SYSTEM
MEDICAL CERTIFICATE

MED-01688 (06-2022)

Please read the instructions below before filling out this form. Use black ink only.

PART I - TO BE FILLED OUT BY MEMBER

SS NUMBER	NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
0 6 3 8 7 1 4 2 9 4	Diaz	Jude Michael	A	

PART II - TO BE FILLED OUT BY ATTENDING PHYSICIAN

A. ILLNESS/INJURY DETAILS

DIAGNOSIS: (1) fracture dislocation of (R) hip (2) femoral shaft fracture (R) (3) patella fracture (R) (4) medial malleolar fracture (R) (5) mangled hand (R)

HISTORY OF PRESENT ILLNESS/INJURY

Vehicular Accident (January 18, 2024)

PERTINENT PHYSICAL EXAMINATION FINDINGS

Multiple physical injuries / deformities

DIAGNOSTIC/LABORATORY PROCEDURE/S DONE, IF ANY (Indicate date test/s was/were done)

(X-ray, CT)

OPERATION/S DONE RELATED TO DIAGNOSIS, IF ANY (Indicate date/s of operation)

Closed reduction of (R) hip; ORIF femur (R); ORIF patella (R); ORIF medial malleolus (R); ORIF metacarpals (R); Amputation middle finger (R)

B. CONFINEMENT DETAILS

PLACE OF CONFINEMENT

☐ HOME ☑ HOSPITAL Catarman Doctor's Hospital Inc (Name and Address of Hospital)

☐ Still confined ☑ Already discharged

DATE ADMITTED (MM/DD/YYYY): 01 18 2024 DATE DISCHARGED (MM/DD/YYYY): 02 05 2024

C. CERTIFICATION

I certify to the following:

- That I have seen and examined the above-named patient
- That the information in this form are true and correct
- That the illness/injury
  - ☐ (For Disability) is permanent in nature.
  - ☑ (For Sickness) confinement including recuperation period may last 90 (No. of days) days.

This certificate is issued for whatever purpose it may serve with regards to the SSS medical claim by the patient.

[signature] SIGNATURE OF ATTENDING PHYSICIAN

2/17/24 DATE ACCOMPLISHED

PRC NUMBER (IF APPLICABLE)	NAME OF PHYSICIAN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
0128843	Meizer,	Gilbert II	O.	

CLINIC/HOSPITAL ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE): Catarman Doctor's Hospital Inc.

TELEPHONE/MOBILE NUMBER:

POSTAL CODE:

INSTRUCTIONS

1. The member's attending physician shall accomplish this form in one (1) copy.
2. Fill-out and check all applicable items.
3. PRC number is not required for physician practicing abroad.

Cataman Doctors Hospital

CATARMAN DOCTORS HOSPITAL INC.

MEDICAL ABSTRACT / DISCHARGE SUMMARY

NAME: OLITO, JUDE MICHAEL AGE: 25 SEX: M WARD/RM 208
ADDRESS: Brgy. Cawayan, Catarman N. Samar CIVIL STATUS: M HOSPITAL NO 01245026?
DATE ADMITTED 1/18/2024 DATE DISCHARGE
ADMITTING PHYSICIAN: DR. OSENTADOS-TENEDERO ATTENDING PHYSICIAN: DR. EJERCITO
CHIEF COMPLAINTS: MVA
FINAL DIAGNOSIS:
BRIEF CLINICAL HISTORY AND PERTINENT P.E.

NOI: MVA
TOI: 4PM
POI: Brgy. Van Man, Pinabacdao N. Samar
DOI: 1/18/2024

PPE: (+) contusion wound (L) parieto occipital area
(+) (R) shoulder hematoma
(+) (R) hand 2nd digit complete open fracture, avulsed wound & abrasions
(+) (R) thigh swelling & tenderness
(+) (R) knee punctured wound & abrasions
(+) (R) foot abrasions
(+) (L) forearm swelling
(+) punctured wound (L) thigh

LABORATORY FINDINGS: (Including EKG, X-Ray and Other Diagnostic Procedures)

44.6
377.02 | 151 / 46.3 | 298
52.2

COURSE IN THE WARD: (Including Medications)
Pt- Admitted @ ER. Patient seen & examined. Laboratory & diagnostic requested & done. Medications given. Managed accordingly.

1/19 → explore lap of exc. of hemoperitoneum
→ amputation of middle finger
closed treatment of hip fracture dislocation
→ closed treatment of scapular / clavicle fracture (R)
1/23 → ORIF IMN (R) femur
→ ORIF cerclage wiring patella (R)
, closed treatment of ulna fracture (R)
2/1 → ORIF screw fixation medial malleolus (R)
, percutaneous fixation of metacarpal fracture (R)

DISPOSITION: (Indicate home medication, special instruction and follow-up)

→ may go home
follow up Feb 14
daily wound care
hip dislocation precautions

Date Accomplished

Dr. Ejercito / Gilbert O. Moises II, MD
Orthopedic Surgery
Lic. No. 0128643

Attending Physician
Printed Name & Signature
Lic. # ______

MARICON JELYN A. JUMAGDAO
CERTIFIED TRUE COPY
2/5/24

Catarman Doctors Hospital

Brgy. Bangkerohan, Catarman, N. Samar

SURGICAL RECORD

Name: DIAZ, JUDE MICHAEL Ward / Room: NS2/208 Bed:

Hospital No: 0124C0268 Age: 28 Sex: M Civil Status: Married Citizenship: Filipino

Surgeon: DR. Ejercito Assistant 1: /

Assistant 2: /

Scrub Nurse: D. [illegible] Circulating Nurse: M. RIVERA

Instrument Nurse:

Anesthesiologist: DR - PINCA

Anesthetic: SPINAL / GEN-ANES

Amount: 7:10pm / 8:54pm

Time Started: Sensorcaine

Skin Preparation: P. Paint / P-Cleanser Position on OR Table: SUPINE

Tourniquet: — Time Started: — Time Ended: —

Date of Operation: 2/1/24 Time Started: ① 7:40pm / ② 9:06pm Time Ended: ① 8:37pm ② 10:16pm

Baby — / Specimen Out: — Placenta Out: —

Specimen Type: —

Preoperative / Intraoperative / Postoperative Medications: Refer to the Anesthesia Record

Venoclysis: R: /

L: PNSS 1000 X [illegible]

Blood Transfusion: R: /

L: /

Catheters: FDC 16 Tubings: / Drains: /

Operation Performed: ① ORIF SCREW FIXATION OF MEDIAL MALLEOLUS ® ② ORIF PERCUTANEOUS FIXATION OF 2nd, 4th & 5th metacarpal

WHO Surgical Safety Checklist Sign in: — Time out: — Sign Out: —

Sponge Count: 1st N/A 2nd 3rd Instrument Count: 1st N/A 2nd 3rd Needle Count: 1st / 2nd 3rd

Status Post Operation: ( ) Extubated ( ) Awake ( ) Alert ( ) Sedated ( ) Non-Responsive ( ) Intubated

Endorsed to: NOD Date: 2/2/24 Time: 12am

Signature:

M. RIVERA
Circulating Nurse

D. [illegible]
Scrub Nurse

Remarks: TO W ARD

SURGICAL TECHNIQUE

Pre-Operative Diagnosis: closed fracture medial malleolus (R)

Post-Operative Diagnosis: fractures of 2nd 3rd 4th 5th metacarpals (R)

Operation Performed: (1) ORIF screw fixation of medial malleolus (R)
(2) ORIF percutaneous fixation of 2nd 4th x 5th metacarpals

Asepsis / antisepsis
sterile drapes
lateral approach to medial malleolus
fracture exposed and reduced
2 tip threaded cancellous screws applied
xray done
closure
dressing

[illegible] incision over dorsal of hand
fractures of metacarpals exposed and reduced
fixation of multiple percutaneous k wires
capsule washing
closure
procedure tolerated

MARICON JELYN [illegible] JUMAGDAO
CERTIFIED TRUE COPY
2/5/24

GILBERT [illegible] MOISES II, MD
Surgeon's Signature
LIC. NO. 0128343

Catarman Doctors Hospital

Brgy. Bangkerohan, Catarman, N. Samar

SURGICAL RECORD

Name: DIAZ, JUDE MICHAEL Ward / Room: NS2/208 Bed: ____
Hospital No: 0124D248 Age: 28 Sex: M Civil Status: Married Citizenship: FILIPINO
Surgeon: DR. Ejercito Assistant 1: /
Assistant 2: /
Scrub Nurse: D. MANAMAIAS Circulating Nurse: M. RIVERA
Instrument Nurse:]
Anesthesiologist: DR. PINCA Anesthetic: SPINAL / GEN-ANES.
Amount: 7:10pm / 8:54pm
Time Started: Sensorcaine
Skin Preparation: P-Paint / P-Cleanser Position on OR Table: SUPINE
Tourniquet: — Time Started: — Time Ended: —
Date of Operation: 2/1/24 Time Started: ① 7:40pm ② 9:26pm Time Ended: ① 8:37pm ② 10:16pm
Baby — / Specimen Out: — Placenta Out: —
Specimen Type: —
Preoperative / Intraoperative / Postoperative Medications: Refer to the Anesthesia Record
Venoclysis: R: /
L: PNSS 1000cc x 20 gtts/min
Blood Transfusion: R: /
L: /
Catheters: FDC 16 Tubings: / Drains: /
Operation Performed: ① ORIF SCREW FIXATION OF MEDIAL MALLEOLUS ® ② ORIF PERCUTANEOUS FIXATION OF 2nd, 4th & 5th metacarpal
WHO Surgical Safety Checklist Sign in: — Time out: — Sign Out: —
Sponge Count: 1st N/A 2nd 3rd Instrument Count: 1st N/A 2nd 3rd Needle Count: 1st / 2nd 3rd
Status Post Operation: ( ) Extubated ( ) Awake ( ) Alert ( ) Sedated ( ) Non-Responsive
( ) Intubated
Endorsed to: NOD Date: 2/2/24 Time: 12am

Signature:
M. RIVERA — Circulating Nurse
D. MANAMAIAS — Scrub Nurse

Remarks:
TO W AND

MARICON JELYN A. JUMAGDAO
CERTIFIED TRUE COPY
2/5/24

SURGICAL TECHNIQUE

Pre-Operative Diagnosis: / Closed fracture medial malleolus (R)
/ fractures of 2nd 3rd 4th 5th metacarpals (R)

Post-Operative Diagnosis: /

Operation Performed: (1) ORIF screw fixation of medial malleolus (R)
(2) ORIF percutaneous fixation of 2nd 4th x 5th metacarpals

Asepsis / antisepsis
sterile drapes
lateral approach to medial malleolus
fracture exposed and reduced
2 tip threaded cancellous screws applied
xray done
closure
dressing

re: incision over dorsal of hand
fractures of metacarpals exposed and reduced
fixation w/ multiple percutaneous k wires
capsular washing
closure
procedure tolerated

MARICON JELYN A. JUMAGDAO
CERTIFIED TRUE COPY
2/5/24

GILBERT O. MOISES II, MD
Surgeon's Signature
LIC. NO. 0128343

Catarman Doctors Hospital
Brgy. Bangkerohan, Catarman, N. Samar

SURGICAL RECORD

Name: Diaz, Jude Michael Ward / Room: NS2 / 208 Bed: ______
Hospital No: ______ Age: 28 Sex: M Civil Status: M Citizenship: ______
Surgeon: Dr. Ejercito Assistant 1: G. Mendador
Assistant 2: —
Scrub Nurse: J O. Bajarias Circulating Nurse: C. Rongcales
Instrument Nurse: J O. Bajarias
Anesthesiologist: Dr. Capawing Anesthetic: General
Amount: ______
Time Started: 3:35pm
Skin Preparation: P. cleanser / P. paint Position on OR Table: Supine
Tourniquet: N/A Time Started: N/A Time Ended: N/A
Date of Operation: 1/19/24 Time Started: 3:30pm Time Ended: 7pm
Baby __ / Specimen Out: 4:20 pm Placenta Out: N/A
Specimen Type: Appendix
Preoperative / Intraoperative / Postoperative Medications: Refer to the Anesthesia Record
Venoclysis: R: ______
L: PLR 1000 x 30gtts
Blood Transfusion: R: N/A
L: ______
Catheters: (F) No Tubings: N/A Drains: N/A

Operation Performed: Exploratory laparotomy evacuation of hemoperitoneum ligation of bleeders, lavage
WHO Surgical Safety Checklist Sign in: 3:30pm Time out: 3:33pm Sign Out: 5pm

Sponge Count:		Instrument Count:		Needle Count:	
1st	Completed	1st	Completed	1st	Completed
2nd	Completed	2nd	Completed	2nd	Completed
3rd	Completed	3rd	Completed	3rd	Completed

Status Post Operation: ( ) Extubated (✓) Awake ( ) Alert ( ) Sedated ( ) Non-Responsive
( ) Intubated

Endorsed to: NOD Date: 1/19/24 Time: 7pm

Signature:
C. Rongcales
Circulating Nurse

O. Bajarias
Scrub Nurse

Remarks:
TO WARD

MARICON JELYN A. DUMAGDAS
CERTIFIED TRUE COPY
2/5/24